

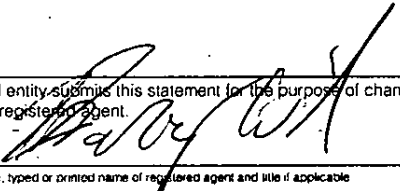
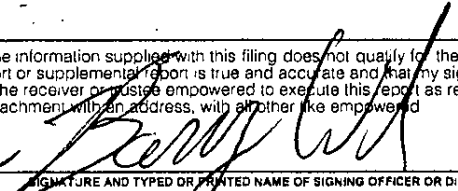


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000119333 1. Entity Name HALEAN CORPORATION		
Principal Place of Business PO BOX 789 ZELLWOOD, FL 32789	Mailing Address PO BOX 789 ZELLWOOD, FL 32789	
DO NOT WRITE IN THIS SPACE		
 03262008 No Chg-P CR2E034 (11/05)		
4. FEI Number 56-2307964		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent O'NEILL, BERNARD C JR. 2699 LEE ROAD, SUITE 320 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILSON, BARRY PO BOX 789 ZELLWOOD, FL 32798	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILSON, LINDA PO BOX 789 ZELLWOOD, FL 32793	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/08 Daytime Phone # 407-890-4546

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06/03/08-80075-010 150.00